

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>RM</i>	<i>75331</i>	<i>12/10</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>08-15-00</i>
FORMALITY REVIEW	<i>C.Y.C.</i>	<i>JC 530</i>	<i>05-01-01</i>
RESPONSE FORMALITY REVIEW	<i>A.M.</i>	<i>JC 530</i>	

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/2/00
2	✓	✓	11/2/00
3	✓	✓	11/2/00
4	✓	✓	11/2/00
5	✓	✓	11/2/00
6	✓	✓	11/2/00
7	✓	✓	11/2/00
8	✓	✓	11/2/00
9	✓	✓	11/2/00
10	✓	✓	11/2/00
11	✓	✓	11/2/00
12	✓	✓	11/2/00
13	✓	✓	11/2/00
14	✓	✓	11/2/00
15	✓	✓	11/2/00
16	✓	✓	11/2/00
17	✓	✓	11/2/00
18	✓	✓	11/2/00
19	✓	✓	11/2/00
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If more than 150 claims or 10 actions  
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